

School District: _____
Attn: _____
Address: _____

DSA FILE # _____
DSA APPL. # _____
DSA / LEA # _____

COMPACTION TEST REPORT

Project Name: _____ Project #: _____ ASTM Test Method: _____
Project Location: _____ Technician: _____ Report Date: _____

LOCATION KEY			ELEVATION KEY		
BF Backfill		TR Trench	SG Subgrade	AB Aggregate Base	FAB Finish Agg. Base
BP Building Pad	FTG Footing	WL Retaining Wall	FG Finish Grade	FSG Finish Subgrade	BTM Bottom

TEST #	LOCATION	PROBE DEPTH	ELEV.	%MOIST.	DRY DENSITY	CURVE #	% REL. COMPACTION FIELD	SPECIFIED

Lab Curve #	Soil Type / Description	Optimum Moisture (%)	Max Dry Density (PCF)

REMARKS: _____

cc: Project Architect

Structural Engineer

Project Inspector

DSA Regional Office

DSA-201 Template (02/06)

The Material ☐ WAS ☐ WAS NOT
SAMPLED AND TESTED IN ACCORDANCE
WITH THE REQUIREMENTS OF THE
DSA APPROVED DOCUMENTS.

The Material Tested
☐ MET ☐ DID NOT MEET
THE REQUIREMENTS OF THE
DSA APPROVED DOCUMENTS.

Signature

Date

Print Name / Title